

Principal investigator: \_\_\_\_\_ Laboratory building: \_\_\_\_\_ Laboratory room number(s): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 6A – BSL4/ABSL4 LABORATORIES ONLY: TO BE COMPLETED BY ALL ENTITIES  
FOR EACH PRINCIPAL INVESTIGATOR**

*NOTE: All entities must also complete Section 5A, Questions 1 and 2, above (APHIS/CDC Form 1)*

49. All entities must answer the following questions for each BSL-4 laboratory for each Principal Investigator:

a. Activities conducted under BSL-4 containment (check all that apply):

Research      Diagnostic      Large scale production      Small animal      Large animal  
Recombinant DNA      Other (give description): \_\_\_\_\_

b. How many separate BSL-4 laboratories are you registering for select agent work?

1 laboratory      2 laboratories      3 or more laboratories

c. Are these laboratories currently registered with the CDC Select Agent Program? Yes No

d. Are these BSL-4 laboratories currently operational (presently conducting BSL-4 work)? Yes No

If no, date of anticipated completion of laboratories: \_\_\_\_\_

e. What type of BSL-4 laboratories are you registering?

Protective suit laboratory      Stand alone Class III cabinet laboratory  
Protective suit laboratory with associated Class III cabinet

50. Include a floor plan for each BSL-4 laboratory, Class III cabinet laboratory, or ABSL-4 laboratory where select agents are to be used or stored.

Floor plan(s) must include:

a. Sink locations	Yes	No	
b. Eyewash locations	Yes	No	
c. Laboratory furniture locations (including bench work)	Yes	No	
d. Biosafety cabinet (BSC) locations	Yes	No	
e. Fume hood locations	Yes	No	N/A: No fume hoods
f. HVAC supply and exhaust locations	Yes	No	
g. Freezer/refrigerator locations (include LN2 storage)	Yes	No	
h. Other large equipment locations (e.g., incubators, centrifuges)	Yes	No	

51. Provide information on the biosafety cabinets in use (attach additional sheets if needed):

a. Class of cabinet: II, Type A1      II, Type A2 (formerly II, B3)      II, B1      II, B2      Class III

b. Biosafety cabinet connection to the HVAC system: Hard ducted      Thimble      Re-circulating

c. Define certification period: Annual      Biannual      Other (explain): \_\_\_\_\_

52. Provide a description of the BSL-4 HVAC system (*check all that are appropriate*):

a. Single-pass  
b. Dedicated exhaust  
c. Constant air volume      Variable air volume  
d. Redundant exhaust fans  
e. Emergency power back-up

53. Vacuum lines contain HEPA filters: Yes No No vacuum lines are used

54. A medical surveillance system is in place for laboratory personnel using select agents for toxins: Yes No

55. Spills and accidents that result in overt or potential exposures to infectious materials are immediately reported to the laboratory director: Yes No

56. A sharps policy is in place for this laboratory: Yes No

57. A site-specific emergency operations plan is available for this laboratory: Yes No

58. An Institutional Biosafety Committee (IBC) reviews and approves protocols prior to work with select agents at this entity: Yes No
- a. If yes, has IBC approved the work proposed in this application: Yes No
- b. The laboratory has been inspected by USDA, FDA, CLIA, DoE, DoD or others: Yes No
- c. If yes, then give agency and date of last inspection(s): \_\_\_\_\_
59. Briefly state (no more than a paragraph) the objectives of the work with the select agents or toxins, including a description of the methodologies or laboratory procedures that will be used. State if any host-vector systems will be used. Specify whether work will involve live agents and recombinant DNA:

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60. Provide general facility and safety information for the BSL-4 laboratory facility (ies) you are registering by answering the questions in this section. Use separate sheets if necessary.
- a. BSL-4 laboratory design and operational procedures are documented and re-verified annually: Yes No
- b. A specific BSL-4 facility operations manual has been prepared: Yes No
- c. All standard BSL-4 microbiological practices are followed: Yes No
- d. There is a mandatory daily inspection of the containment parameters for the BSL-4 laboratory area(s) and critical life support systems: Yes No
- e. Walls, floors, and ceilings of the BSL-4 laboratory rooms are sealed. All penetrations into the laboratory are sealed: Yes No
- f. The HVAC system is dedicated and is not re-circulated: Yes No
- g. There is a visual and auditory alarm system provided to alert facility workers to system malfunctions and/or failures of containment parameters: Yes No
- h. Entry to the laboratory is through a double set of lockable, self-closing doors: Yes No
- i. Each protective suit or cabinet laboratory room has a hands-free sink: Yes No
- j. There is a double door autoclave for decontamination of materials from the suit lab and/or the Class III cabinet and cabinet room: Yes No
- k. A visual pressure differential monitoring system is provided at the clean change room for laboratory personnel to verify directional air before entry into the BSL-4 laboratory: Yes No
- l. Differential pressures/directional airflow between adjacent areas is monitored and alarmed (visually and audibly) to indicate system failure: Yes No
- m. Double HEPA filtration of all suit area, decontamination shower, decontamination airlock and Class III cabinet exhaust air is in place: Yes No
- n. Single HEPA filtration of all suit area, decontamination shower, decontamination airlock and Class III cabinet supply air is in place: Yes No
- o. Describe method utilized for decontamination of BSL-4 area(s):  
 \_\_\_\_\_  
 \_\_\_\_\_
- p. Inactivation of organisms and materials removed from BSL-4 containment is accomplished by what methods?  
 Irradiation      Chemical disinfection      Autoclaving      Other  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_
- q. Inactivation of materials removed from BSL-4 containment is verified: Yes No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_

**Facilities registering a laboratory containing a Class III cabinet, must answer question 61. Facilities wishing to register protective suit laboratories and suit laboratories with associated Class III cabinets must also answer question 62.**

61. Entities registering a **stand alone Class III cabinet laboratory** must verify the following items:

- a. Entry to the laboratory housing the Class III cabinet is through a double set of lockable, self-closing doors:
 

	Yes	No
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- b. Inner and outer change rooms are separated by a shower for personnel entering and leaving the cabinet room:
 

	Yes	No
--	-----	----
- c. There is a double-door (pass-through) autoclave, dunk tank, fumigation chamber, or ventilated anteroom for passing materials, supplies, or equipment into or out of the cabinet room:
 

	Yes	No
--	-----	----
- d. Walls, floors, and ceilings of the cabinet room(s) are sealed and all penetrations into the cabinet room(s) are sealed:
 

	Yes	No
--	-----	----
- e. Floors are seamless and coved:
 

	Yes	No
--	-----	----
- f. All drains in the cabinet room(s), inner change room(s), and autoclave chambers connect directly to an appropriate liquid waste decontamination system:
 

	Yes	No
--	-----	----
- g. Sewer vents and other service lines contain HEPA filters:
 

	Yes	No
--	-----	----
- h. Bench tops are seamless or sealed surfaces that are impervious to water and resistant to moderate heat and organic solvents, acids, alkalis, and other decontaminant chemicals:
 

	Yes	No
--	-----	----
- i. Laboratory furniture is capable of supporting anticipated loads and uses and is covered with a non-fabric material that can be easily decontaminated:
 

	Yes	No
--	-----	----
- j. A hands-free sink is located in the cabinet room(s) near the door and in the inner and outer change room:
 

	Yes	No
--	-----	----
- k. If a central vacuum system is present, it serves only the cabinet room(s) and is HEPA filter protected, and liquid and gas services to the cabinet room are protected by backflow prevention devices:
 

	Yes	No
--	-----	----
- l. Any windows are break resistant and sealed:
 

	Yes	No
--	-----	----
- m. Double-door autoclaves are provided for decontamination of materials removed from the Class III cabinet and the cabinet room. These autoclaves are interlocked so that the outside door can only be opened after the sterilization cycle is complete:
 

	Yes	No
--	-----	----
- n. Pass-through dunk tanks, fumigation chambers, or equivalent decontamination methods are provided so that materials and equipment that cannot be decontaminated in the autoclave can be safely removed from both the Class III biological safety cabinet(s) and the cabinet room(s):
 

	Yes	No
--	-----	----
- o. All HEPA filters are tested and certified annually:
 

	Yes	No
--	-----	----
- p. An HVAC monitoring system is provided to avoid pressurization of the laboratory and is alarmed to warn laboratorians of exhaust system failure:
 

	Yes	No
--	-----	----
- q. There is HEPA filtration of all supply and exhaust air from the cabinet room(s), inner change room(s), and anteroom(s):
 

	Yes	No
--	-----	----
- r. The Class III cabinet is directly connected to the exhaust system with HEPA filtration on the supply and double HEPA filtration on the exhaust:
 

	Yes	No
--	-----	----
- s. Appropriate communication systems are provided between the laboratory and external personnel (intercom, phone, fax, and computer):
 

	Yes	No
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62. Entities registering a **protective suit laboratory or a protective suit laboratory with associated Class III cabinet registration** must verify the following items (suit laboratories with associated Class III cabinets must also answer question 61):

- a. Entry into the area(s) where work is performed with BSL-4 agents [suit room(s)] is through a series of changing and decontamination areas separated by airtight doors:
 

	Yes	No
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- b. Inner and outer change rooms are separated by a personal shower:
 

	Yes	No
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- c. A chemical shower is provided for decontaminating the outer surface of the protective suit: Yes No
- d. A breathing air system is provided with redundant compressors, backup storage tanks, HEPA filtration protection, and alarm monitoring in the event of failure: Yes No
- e. All penetrations into containment shell (walls, floors, and ceilings) of the suit area(s), chemical shower(s), and airlock(s) are sealed: Yes No
- f. Daily inspections of the containment parameters and life support systems are performed, completed and documented before laboratory work begins: Yes No
- g. A double-door, interlocked autoclave is provided for decontaminating waste materials removed from the suit area(s): Yes No
- h. A dunk tank, fumigation chamber, or ventilated airlock to pass materials, supplies, or equipment into or out of the suit area(s): Yes No
- i. Bench tops are seamless surfaces that are impervious to water and resistant to moderate heat and organic solvents, acids, alkalis, and other decontaminant chemicals: Yes No
- j. Laboratory furniture is capable of supporting anticipated loads and uses and is covered with a non-fabric material that can be easily decontaminated: Yes No
- k. A hands-free sink is located in the suit area(s): Yes No
- l. If a central vacuum system is present, it serves only the suit area(s) and is protected by HEPA filtration: Yes No
- m. Liquid and gas services to the suit area(s) are protected by backflow devices: Yes No
- n. Inner and outer doors to chemical showers and airlocks are interlocked to prevent both doors from being opened at the same time: Yes No
- o. Any windows are break resistant and sealed: Yes No
- p. All drains in the suit area(s), chemical shower(s), and autoclave chambers connect directly to an appropriate liquid waste decontamination system: Yes No
- q. An HVAC monitoring system is provided to avoid pressurization of the laboratory and is alarmed to warn laboratorians in the event of exhaust system failure: Yes No
- r. Redundant exhaust fans are installed: Yes No
- s. All HEPA filters are tested and certified annually: Yes No
- t. HVAC supply to the suit area(s), chemical shower(s), and airlock(s) is HEPA filtered: Yes No
- u. HVAC exhaust from the suit area(s), chemical shower(s), and airlock(s) is double HEPA filtered with the HEPA filters in series: Yes No
- v. Appropriate communication systems are provided between the laboratory and external personnel (intercom, phone, fax, and computer): Yes No
- w. Emergency lighting and emergency communications systems are provided for the BSL-4 areas: Yes No

63. Entities registering an **ABSL-4 laboratory** must provide the following information. Entities registering a **stand alone Class III cabinet** for housing animals infected with biosafety level 4 agents, or other ABSL-4 use must complete **question 61** above. Entities registering a **protective suit laboratory** housing animals infected with Biosafety level 4 agents must complete **question 62 as well as the following**:

- a. List animal models in use for ABSL-4 experiments: \_\_\_\_\_
- b. ABSL-4 laboratory room(s) designations: \_\_\_\_\_
- c. Specific procedures have been developed for handling animals under ABSL-4 conditions in the Class III cabinet or protective suit laboratories being registered: Yes No
- d. All appropriate special policies and procedures are approved by the Institutional Animal Care and Use Committee: Yes No
- e. Aerosol experiments are conducted in this ABSL-4 laboratories: Yes No

f. Describe how animals are housed under ABSL-4 conditions (add additional sheets as necessary):

- g. Cage washing is with a mechanical cage washer: Yes No
- h. Cage washing area is shown on the floor plans: Yes No
- i. Waste (e.g., carcasses, sewage, bedding, etc.) is sterilized before disposal: Yes No
- Describe treatment method: \_\_\_\_\_
- j. Method of disposal of treated carcasses: Incineration Rendering Chemical decomposition  
Other (describe): \_\_\_\_\_
- k. If floor drains are provided, the traps are always filled with an appropriate disinfectant: Yes No
- l. Appropriate personal protective equipment is used: Yes No
- m. Personnel assigned to work with infected animals work in pairs: Yes No

**SECTION 6B – BSL4/ABSL4 LABORATORIES ONLY: TO BE COMPLETED BY ALL ENTITIES  
(TRAINING AND SECURITY)**

64. Training:

- a. Site-specific security training is provided to individuals with access to areas where BSL-4 select agents are handled or stored: Yes No
- b. Site-specific safety training is provided to individuals with access to areas where BSL-4 select agents are handled or stored: Yes No
- c. A biosafety manual has been prepared that indicates special hazards associated with the BSL-4 agents in use and laboratory personnel are required to read and follow these practices and procedures: Yes No
- d. Training is provided to laboratory personnel prior to beginning work with BSL-4 select agents: Yes No
- e. Training is provided: Annually Biannually Other (specify frequency): \_\_\_\_\_
- f. Written records of individuals trained are kept: Yes No
- g. Personnel are required to demonstrate proficiency in laboratory procedures prior to working with BSL-4 select agents: Yes No
- h. Please provide a brief description of the individual training program for BSL-4 laboratory personnel (attach additional sheets if necessary):
- \_\_\_\_\_

65. Security:

- a. Provide a brief explanation of the system in place to detect loss or theft of select agent(s):

- b. All viable BSL-4 agents are stored within the BSL-4 containment area: Yes No  
If no, then provide list of rooms where BSL4 agents are stored: \_\_\_\_\_
- c. Storage areas within BSL-4 containment are under surveillance: Yes No
- d. Describe type of surveillance: \_\_\_\_\_

66. There is a site-specific security plan for each of the BSL-4 laboratories listed above: Yes No
- a. Only persons whose presence in the BSL-4 laboratory facility or individual laboratory rooms is required for program or support purposes are authorized to enter: Yes No
  - b. Access to the laboratory is controlled by locked doors: Yes No
  - c. A log book indicating date and time of entry and exit of all personnel to and from the BSL-4 containment area is maintained: Yes No
  - d. Indicate means of limiting access to buildings with BSL-4 laboratories using select agents:  
 Guard station at the entity entrance  
 Card access system or locks  
 Other (describe): \_\_\_\_\_
  - e. Indicate means of limiting access to select agents once inside the building:  
 Door to laboratory is locked  
 Guard station at the building entrance  
 Card access system or locks  
 Other (describe): \_\_\_\_\_
  - f. Means to limit access to select agents once inside the laboratory:  
 Locked incubators, refrigerators, freezers, etc.  
 Other (describe): \_\_\_\_\_
  - g. Means to limit access to select agents in storage:  
 Storage area door locked  
 Lock boxes  
 Other (describe): \_\_\_\_\_
  - h. Means to monitor unauthorized entry into the BSL-4 laboratory where select agents are used or stored:  
 Electronic logs of card access system entries are reviewed for unusual activity  
 Manual sign in and out logs are kept and monitored  
 Camera surveillance (e.g., CCTV)  
 Security alarm system that directly monitors the laboratory  
 Other (describe): \_\_\_\_\_
  - i. The laboratory is secured when no one is present during regular working hours: Yes No
  - j. The laboratory is secured when no one is present after regular working hours: Yes No
  - k. Total number of personnel with access to BSL-4 area during operations: \_\_\_\_\_
  - l. Individuals not directly involved in research activities have access to select agents: Yes No  
 If yes, please explain: \_\_\_\_\_
  - m. Non-laboratory personnel (visitors, including janitorial and facility maintenance personnel) have access to the laboratory with select agents: Yes No  
 If yes, are they allowed into the laboratory unescorted? Yes No  
 If yes, please explain: \_\_\_\_\_
  - n. Describe how the entity limits access to the laboratories where select agents are being manipulated and stored to only authorized and qualified persons:  
 \_\_\_\_\_

**SECTION 6C – BSL4/ABSL4 LABORATORIES ONLY: TO BE COMPLETED BY ENTITIES  
WORKING WITH INFECTIOUS AGENTS**

67. Provide an estimate of the maximum quantities (e.g., number of petri dishes or total volume of liquid media) and concentration of organisms grown at a given time (e.g., 2 - 250 ml flasks of  $10^5$  cfu/ml):  
 \_\_\_\_\_

68. All cultures, stock and other regulated wastes are decontaminated before disposal by an approved sterilization method: Yes No

If yes, describe method: \_\_\_\_\_

**SECTION 6D – BSL4/ABSL4 LABORATORIES ONLY: TO BE COMPLETED BY ENTITIES  
WORKING WITH RECOMBINANT DNA OR GENOMIC MATERIAL**

69. This laboratory meets NIH guidelines for research involving recombinant DNA molecules: Yes No
70. Will you possess, use or transfer the following:
- a. Nucleic acids that can produce infectious forms of any of the select agent viruses. Yes No
  - b. Recombinant nucleic acids that encode for the functional form(s) of any select toxins if the nucleic acids:
    - 1) can be expressed in vivo or in vitro. Yes No
    - 2) are in a vector or recombinant host genome and can be expressed in vivo or in vitro. Yes No
  - c. Select agent viruses, bacteria, fungi, and toxins that have been genetically modified. Yes No
71. Do you intend to conduct the following experiments:
- a. Experiments utilizing recombinant DNA that involve the deliberate transfer of a drug resistance trait to select agents that are not known to acquire the trait naturally, if such acquisition could compromise the use of the drug to control disease agents in humans, veterinary medicine, or agriculture. Yes No
  - b. Experiments involving the deliberate formation of recombinant DNA containing genes for the biosynthesis of select toxins lethal for vertebrates at an LD<sub>50</sub> < 100 ng/kg body weight. Yes No
72. Provide a brief description of the recombinant constructs and any associated expression control elements, including what the recombinant DNA encodes for, if known: \_\_\_\_\_
73. Give an estimate of range of length of recombinant DNA to be used: \_\_\_\_\_

**SECTION 6E – BSL4/ABSL4 LABORATORIES ONLY: TO BE COMPLETED BY ENTITIES  
WORKING WITH SMALL ANIMALS**

74. List species of small animals that will be used: \_\_\_\_\_
75. Describe route of infection: \_\_\_\_\_
76. Animal waste is treated prior to disposal (e.g., carcasses, sewage, bedding, etc.): Yes No  
If yes, describe method: \_\_\_\_\_
77. The entity requires that an Institutional Animal Care and Use Committee (IACUC) review and approve protocols prior to work with animals at this laboratory: Yes No
- a. If yes, the proposed work with select agents in small animals has been approved by the IACUC: Yes No
  - b. The laboratory space is accredited by AAALAC: Yes No
  - c. If yes, give inspection date: \_\_\_\_\_

**SECTION 6F – BSL4/ABSL4 LABORATORIES ONLY: TO BE COMPLETED BY ENTITIES  
WORKING WITH LARGE ANIMALS**

78. List species of large animals that will be used: \_\_\_\_\_
- a. Describe route of infection: \_\_\_\_\_
  - b. Carcass of animals are disposed in a manner to preclude their use as food for human beings or animals: Yes No
  - c. Animal waste is treated prior to disposal (e.g., carcasses, sewage, bedding, etc.): Yes No  
If yes, give method: \_\_\_\_\_
79. Carcass of animals are disposed on site: Yes No
80. The entity requires that an Institutional Animal Care and Use Committee (IACUC) review and approve protocols prior to work with animals at this entity: Yes No  
If yes, the proposed work with select agents in large animals has been approved by the IACUC: Yes No
81. The laboratory space is accredited by AAALAC: Yes No

Principal investigator: \_\_\_\_\_ Laboratory building: \_\_\_\_\_ Laboratory room number(s): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 6G – TO BE COMPLETED BY ALL ENTITIES FOR EACH PRINCIPAL INVESTIGATOR  
WORKING WITH TOXINS**

82. A Chemical Hygiene Plan is available for the laboratory using toxins: Yes No

83. Maximum quantity of each toxin under the control of the principal investigator at a given time: \_\_\_\_\_

84. Form of toxins used: Liquid Lyophilized Not Applicable-Storage Only

85. The toxin is produced by live agent at the entity: Yes No

If yes, provide a brief description of procedures used (include an estimate of the maximum quantities grown at a given time): \_\_\_\_\_

86. Dilution procedures and other manipulations of the concentrated toxins are:

a. Conducted in: Fume hood Biological safety cabinet Not Applicable-Storage Only

1) If a fume hood or biosafety cabinet is used, certification is conducted:  
Annually Biannually Other (describe): \_\_\_\_\_

b. Work is conducted with two knowledgeable people present: Yes No

87. A hazard sign is posted on the door when toxins are present: Yes No